

Name  
in  
Full

## CERTIFICATE OF DEATH

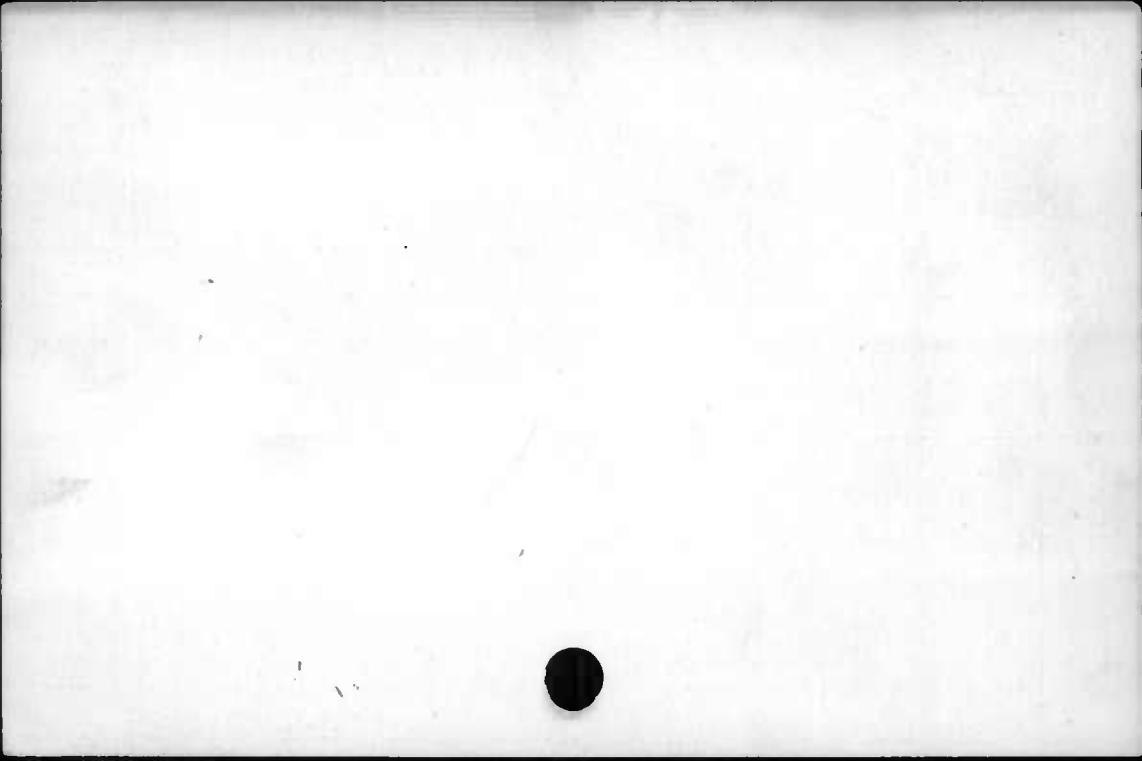
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Kensy Anderson</i>		Town <i>East New Market</i>		County <i>Dorchester</i>		STATE <b>MARYLAND</b>	
Died at		Month <i>9</i>		Day <i>9</i>		Years <i>62</i>	
Date of death <i>1906</i>		Months		Days			
Sex <i>Male</i>		Color or Race <i>Colord</i>		Birth-place <i>Caroline CO</i>			
Occupation <i>Druckers</i>		Where Residing if not at place of death					
Married, <del>Yes</del> or Widowed		Name of Wife or Husband <i>Caroline Thompson</i>					
Father's Name <i>dont know</i>		Father's Birthplace					
Mother's Maiden Name <i>dont know</i>		Mother's Birthplace					
Name of person giving information <i>H O Thompson</i>		How related to deceased <i>Brother Law</i>					

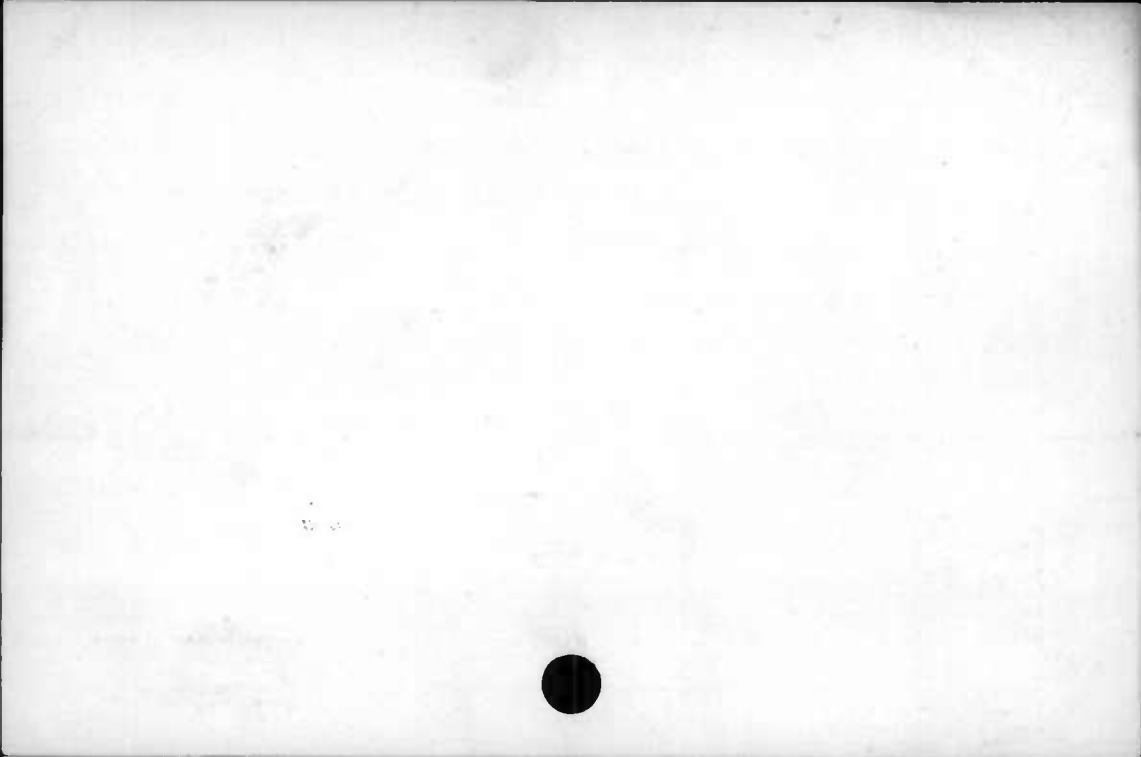
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

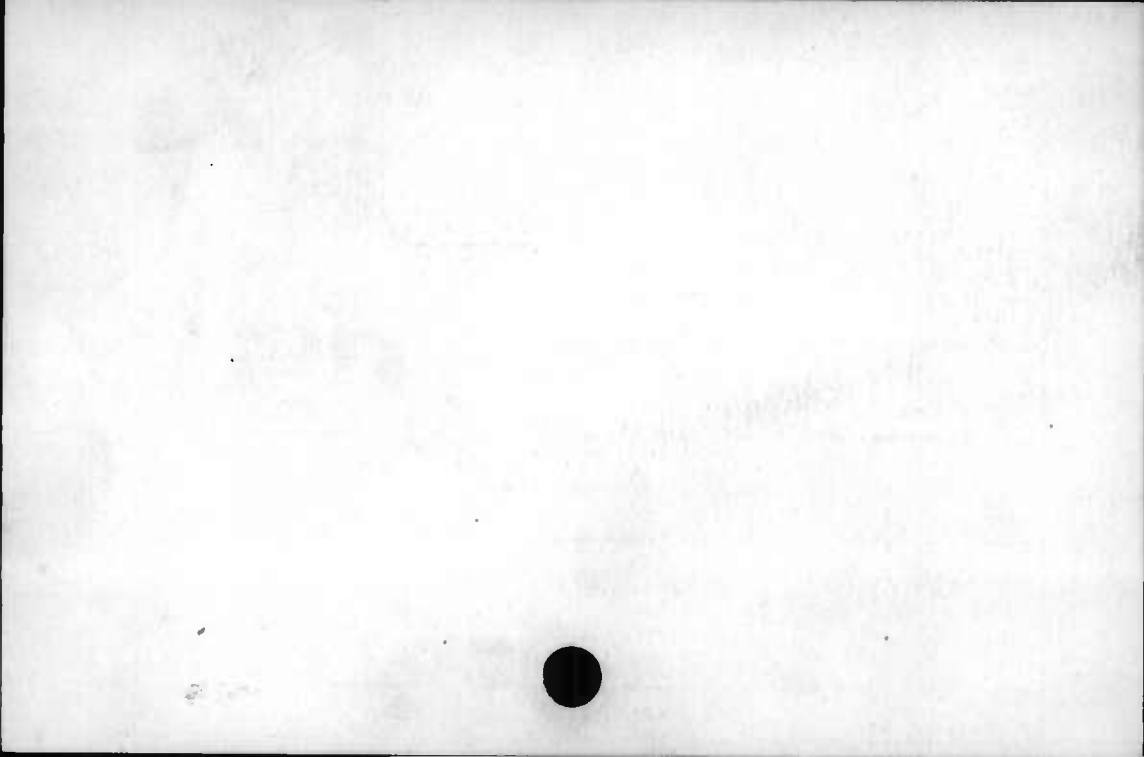
Primary	<i>Dropsy</i>	How long	<i>177</i>
Immediate		How long	<i>two weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr Meyers</i>	
		Address <i>Howlock</i>	
Accident or Suicide?		<i>72d</i>	



Name in Full		Town		County		CERTIFICATE OF DEATH	
		Bramble		8		MARYLAND	
Died at		Buck Lodge		Donchester			
Date of death		1906	Sept-	20	Age	2	6
Sex		Boy		Color or Race		White	
Occupation				Birth-place		Kains ditch	
				Where Residing if not at place of death		Kains ditch	
Married, Single or Widowed				Name of Wife or Husband		Martha M. Bramble	
Father's Name		William J. Bramble		Father's Birthplace		Md	
Mother's Maiden Name		Martha M. Wiley		Mother's Birthplace		Md	
Name of person giving information		Wm J. Bramble		How related to deceased		Father	
CAUSES OF DEATH							
Primary		Consumption of bowels		How long		2 mo	
Immediate		Disentery		How long		1 week	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		W H Miller Underwood	
				Address		no physician in attendance	
Accident or Suicide?							



Name In Full		Bessie Bryan				1		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Town			County			MARYLAND		
		Died at		Date of death			Age		Months Days	
		Month		Day		Years				
		1906		Sep 2		31				
		Sex		Color or Race		Birthplace				
		Female		Black		Cambridge				
		Occupation		Where Residing if not at place of death						
		Hepus Keeper		Cambridge						
Married, Single or Widowed		Name of Wife or Husband								
Widowed										
Father's Name		Father's Birthplace								
Mother's Maiden Name		Mother's Birthplace								
Name of person giving information		How related to deceased								
Harriette Bryan		Cambridge								
Harriette Bryan		Mother								
CAUSES OF DEATH										
PHYSICIAN OR CORONER		Primary			How long					
		Carcinoma of Breast			43		Some months			
		Immediate			How long					
		Exhaustion			2		few days			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address						
		Dr. S. L. Brown								
Accident or Suicide?										



Name  
in  
Full

Frank Chase

2

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Jenkins Creek near Cambridge		County Dorchester Co		MARYLAND	
Date of death		1906	Month Sept	Day 5	Age 44	Years 44	Months Days
Sex Male		Color or Race Colored		Birth- place Fidlersburg Md			
Occupation Laborer		Where Residing if not at place of death near Cambridge					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name Joe Collins		Father's Birthplace					
Mother's Maiden Name Harriet Chase		Mother's Birthplace					
Name of person giving information Mrs Wm Wilson		How related to deceased his Aunt					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Abscess	144	How long short while
Immediate Dent Kum		How long Sudden
Are the name, age, sex, color, date and place correctly given above? I think so	Signature of Physician John Mase	Address Cambridge Md
Accident or Suicide?		





Name  
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Full

CERTIFICATE OF DEATH

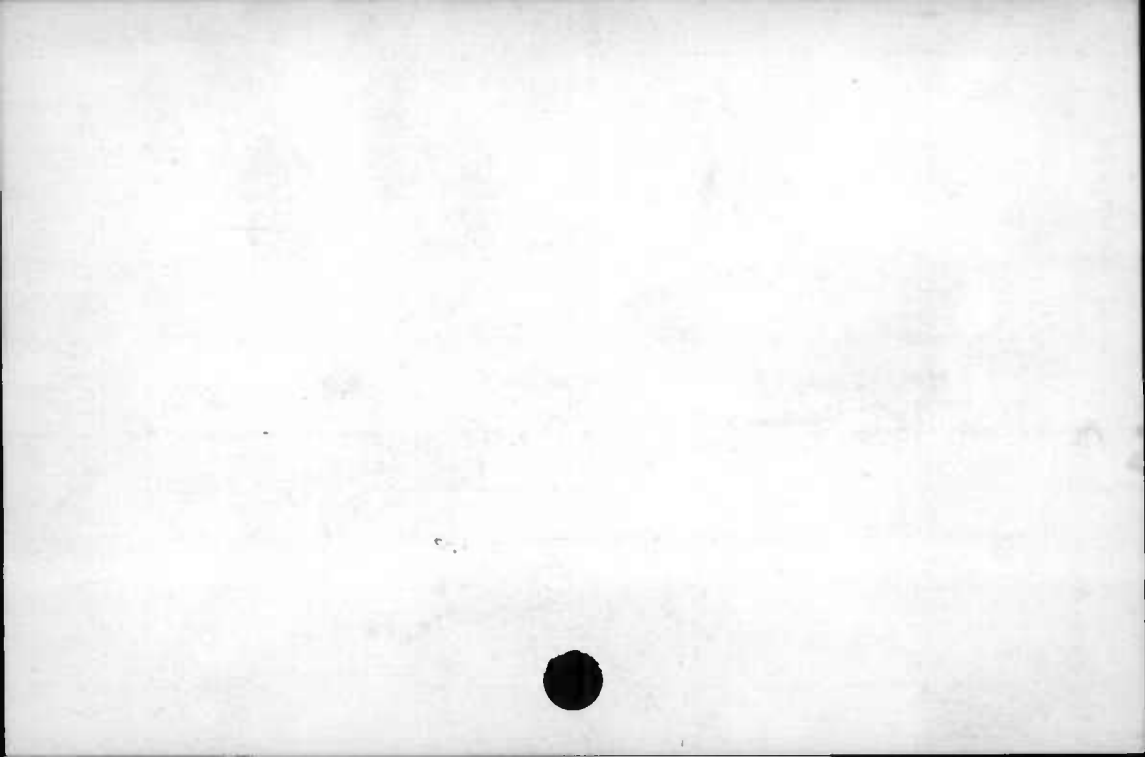
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Secretary</i> Town <i>Dorchester</i> County		MAYLAND	
Date of death <i>1906</i>	Month <i>9</i>	Day <i>5</i>	Years <i>85</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Dorchester</i>	Months <i></i> Days <i></i>
Occupation <i>Soldier</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband		
Father's Name <i>Algus Corbrey</i>	Father's Birthplace <i>Dorchester</i>		
Mother's Maiden Name <i>Susan Carroll</i>	Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Daughter Step Daughter</i>	How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Paralysis</i>	How long <i>Old age 24 hours</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. J. Sayers</i>
	Address <i>E. North Market</i>
Accident or Suicide?	



Name  
in  
Full

Sarah Dawns

5

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Cambridge<sup>County</sup> DorchesterDate of death 1906 Sept 9<sup>th</sup>

Age 41

Months 9

Days 14

Sex female

Color or Race colored

Birth-place Cambridge

Occupation Washing

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Charlie Down

Father's Name

John Kane

Father's Birthplace

dont know

Mother's Maiden Name

Sarah Kane

Mother's Birthplace

Name of person giving information

Ruth Bowley

How related to deceased

her daughter

## CAUSES OF DEATH

Primary

Enteric-Colic chronic  
& Laucha

How long

6 weeks

Immediate

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Dr. E. L. Brown

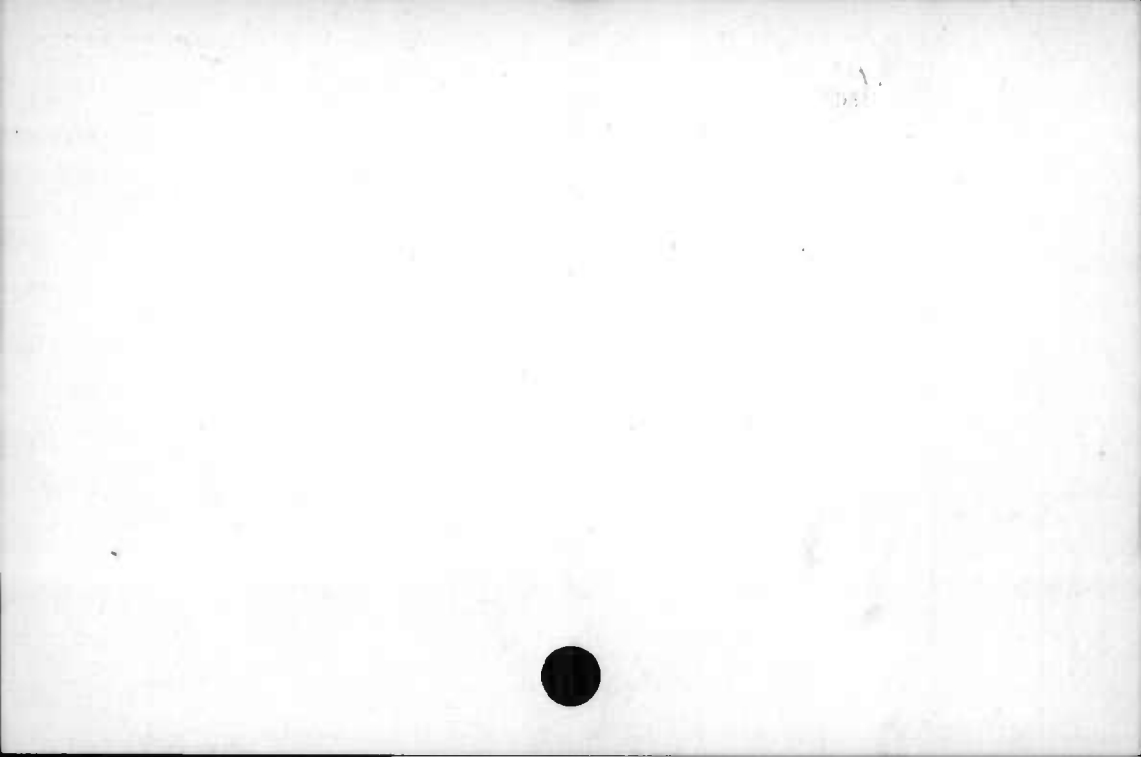
Address

Cambridge Md

Accident or Suicide?

y

PHYSICIAN  
OR CORONER



Name  
in  
Full

Lin Flemming

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Vienna (near)		County Dor.		MARYLAND				
Date of death		1906	Month Sept	Day 27	Age —	Years —	Months 3	Days —		
Sex		Female		Color or Race		White		Birth- place	U.S.	
Occupation				Where Residing if not at place of death						
Married, Single or Widowed				Name of Wife or Husband						
Father's Name				not known					Father's Birthplace	—
Mother's Maiden Name				Lizzie S Flemming					Mother's Birthplace	us
Name of person giving information				J. H. Stapleford					How related to deceased	Employer - none

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Whooping Cough	How long	4 weeks
Immediate	Exhaustion	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		to Broderick	
no physician		Address	
—		Vienna	
Accident or Suicide?		Md	



Name  
In  
Full

James Gibson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Cambidge <sup>Town</sup> Dorchester <sup>County</sup>

Date of death 1906 <sup>Month</sup> Sept. <sup>Day</sup> 1 <sup>Years</sup> 45 <sup>Months</sup> Do not know <sup>Days</sup> improved etc

Sex male Color or Race white Birth-place Somerset Co

Occupation Oysterman Where Residing if not at place of death Fishing Creek Ind.

Married, Single or Widowed married Name of Wife or Husband Do not know resides in Balto.


Father's Name do not know Father's Birthplace Local Island Somerset Co.

Mother's Maiden Name do not know Mother's Birthplace Somerset Co

Name of person giving information Riley Phillips How related to deceased none


## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

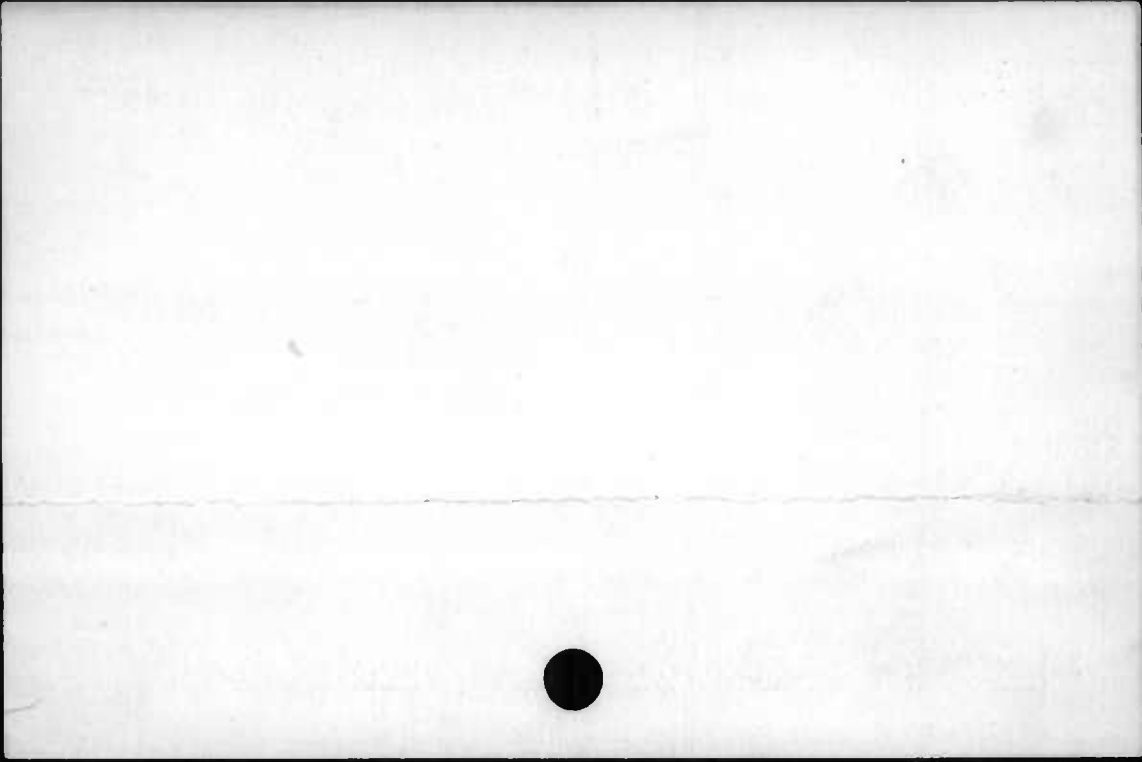
Primary Typhoid Fever Exhaustion  How long about 8 weeks

Immediate

Are the name, age, sex, color, date and place correctly given above? yes as near as possible Signature of Physician W. H. Arnston

 Address Fishing Creek

Accident or Suicide?





Name in Full		Nazarene Kane 6				CERTIFICATE OF DEATH	
		Town Cambridge		County Dorchester		MARYLAND	
Died at		Date of death		Age		Months Days	
		1906 Sept 15th		5			
Sex Female		Color or Race Colored		Birth-place Cambridge			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		John Graham				Father's Birthplace Unknown	
Mother's Maiden Name		Terina Kane				Mother's Birthplace Dorchester	
Name of person giving information		Wm Kane				How related to deceased Brother	
CAUSES OF DEATH							
Primary		Pertussis				How long Three weeks	
Immediate		Broncho Pneumonia & Convulsions				How long One week	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician Dexter T. Reynolds M.D.			
				Address Cambridge Md			
Accident or Suicide?							



Name  
in  
Full

Lone

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## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

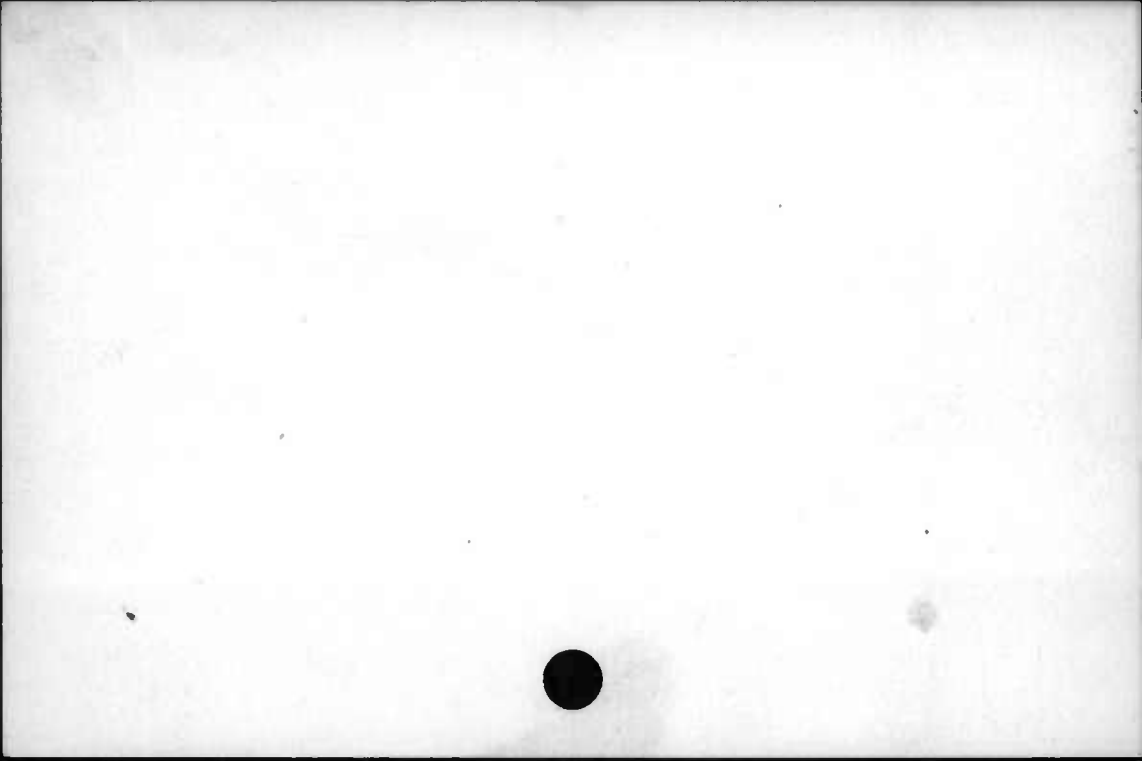
Died at <i>Bucktown</i>		Town <i>Dorchester</i>		County <i>Dorchester</i>		MARYLAND	
Date of death <i>1906 Sept</i>		Month <i>Sept</i>		Day <i></i>		Years <i></i>	
Sex <i></i>		Color or Race <i></i>		Birth-place <i></i>		Months <i>4</i>	
Occupation <i>Infant</i>		Where Residing if not at place of death <i>home</i>		Years <i></i>		Days <i></i>	
Married, Single or Widowed <i></i>		Name of Wife or Husband <i></i>		Years <i></i>		Days <i></i>	
Father's Name <i>Frank Lone</i>		Father's Birthplace <i>Dorches Co.</i>		Years <i></i>		Days <i></i>	
Mother's Maiden Name <i>Beulah Bramble</i>		Mother's Birthplace <i></i>		Years <i></i>		Days <i></i>	
Name of person giving information <i></i>		How related to deceased <i></i>		Years <i></i>		Days <i></i>	

## CAUSES OF DEATH

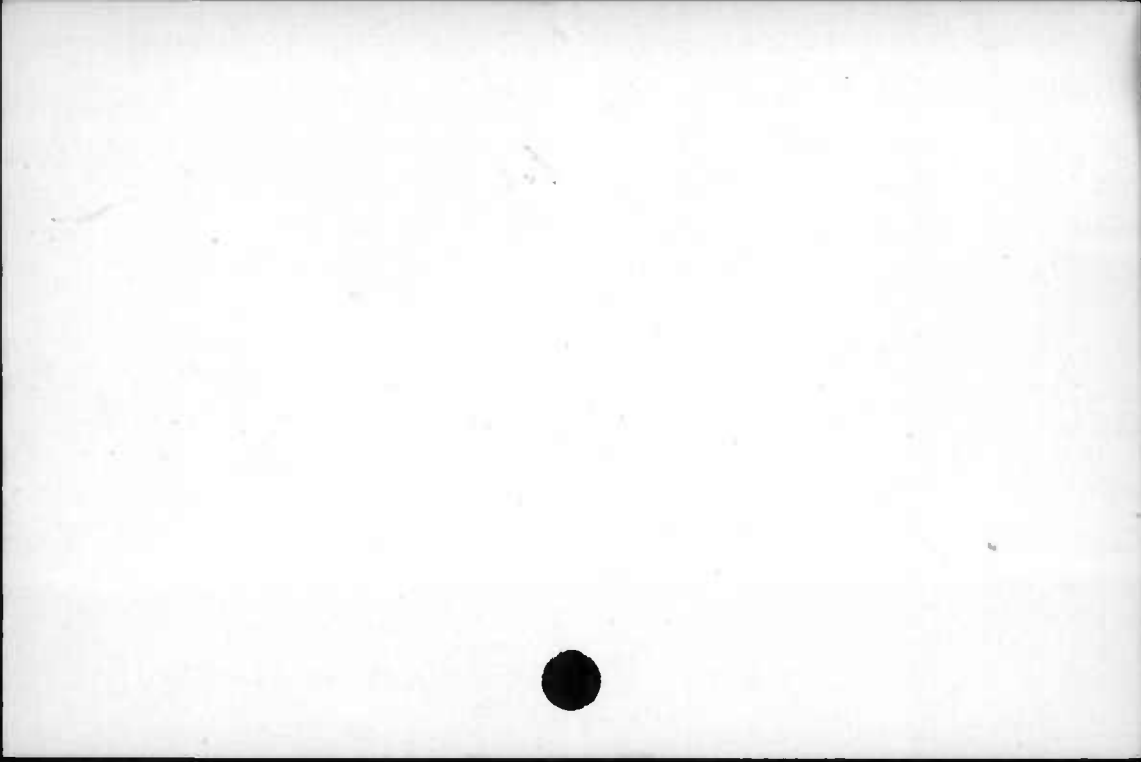
105

PHYSICIAN  
OR CORONER

Primary <i>Cholera Infantum Chronic Interm. Colitis</i>		How long <i>2m days</i>	
Immediate <i>Cholera</i>		How long <i>2 weeks</i>	
Are the name, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. G. L. Brown</i>	
		Address <i>Caulnag, Md</i>	
Accident or Suicide? <i></i>			



Name in Full		Spencer E. McAllister				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Vienna		County Brockenbury		STATE MARYLAND
	Date of death		1906	Month Sept	Day 12	Years 78	Months 4
	Sex		Male		Color or Race White		Birth-place N.Y.
	Occupation		Retired		Where Residing if not at place of death —		
	Married, Single or Widowed		Married		Name of Wife or Husband		
	Father's Name		Father's Birthplace				
	Mother's Maiden Name		Mother's Birthplace				
	Name of person giving information		How related to deceased				
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary		Old age			How long	
	Immediate		Exhaustion			How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician L. Protemark		
					Address Vienna Md		
Accident or Suicide?							



Name  
in  
Full

Maurice

## CERTIFICATE OF DEATH

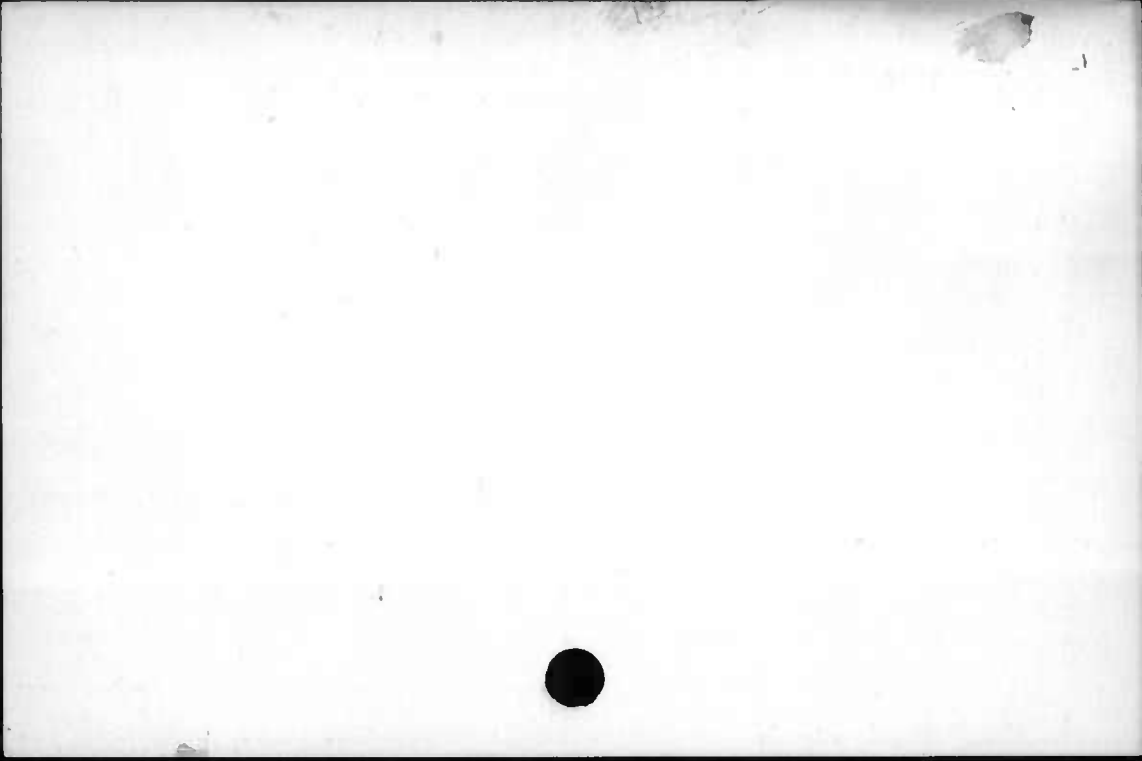
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>E. N. Market</u> Town		<u>Dorchester</u> County		MARYLAND	
Date of death <u>1906</u>	Month <u>Sept</u>	Day <u>8</u>	Age _____	Years _____	Months <u>17</u> Days _____
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>E. N. Market Md</u>		
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed _____			Name of Wife or Husband _____		
Father's Name <u>Louis Maurice</u>			Father's Birthplace <u>Holland</u>		
Mother's Maiden Name <u>Marguerite Sherman</u>			Mother's Birthplace <u>Louisville Ky</u>		
Name of person giving information <u>Marguerite Sherman</u>			How related to deceased <u>Mother</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Cardiac Asthenia</u>	How long	<u>12 hours</u>
Immediate	<u>Cardiac Asthenia</u>	How long	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Edward S. Jones</u>	
		Address <u>East New Market Md</u>	
Accident or Suicide?			





Name  
in  
Full

Theresa Molock

9/9/11

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Tork Neck Town

County

Date  
of death 1906

Month

9

Day

10

Age

Years

Months

Six

Days

Sex

female

Color or  
Race

colored

Birth-  
place

Tork Neck

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Levin H. Molock

Father's  
Birthplace

Tork Neck

Mother's  
Maiden Name

Lillie Molock

Mother's  
Birthplace

"

Name of person giving  
In formation

Addie Molock

How related  
to deceased

Aunt

## CAUSES OF DEATH

Primary

How long

four weeks

Immediate

Cholera infantum

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

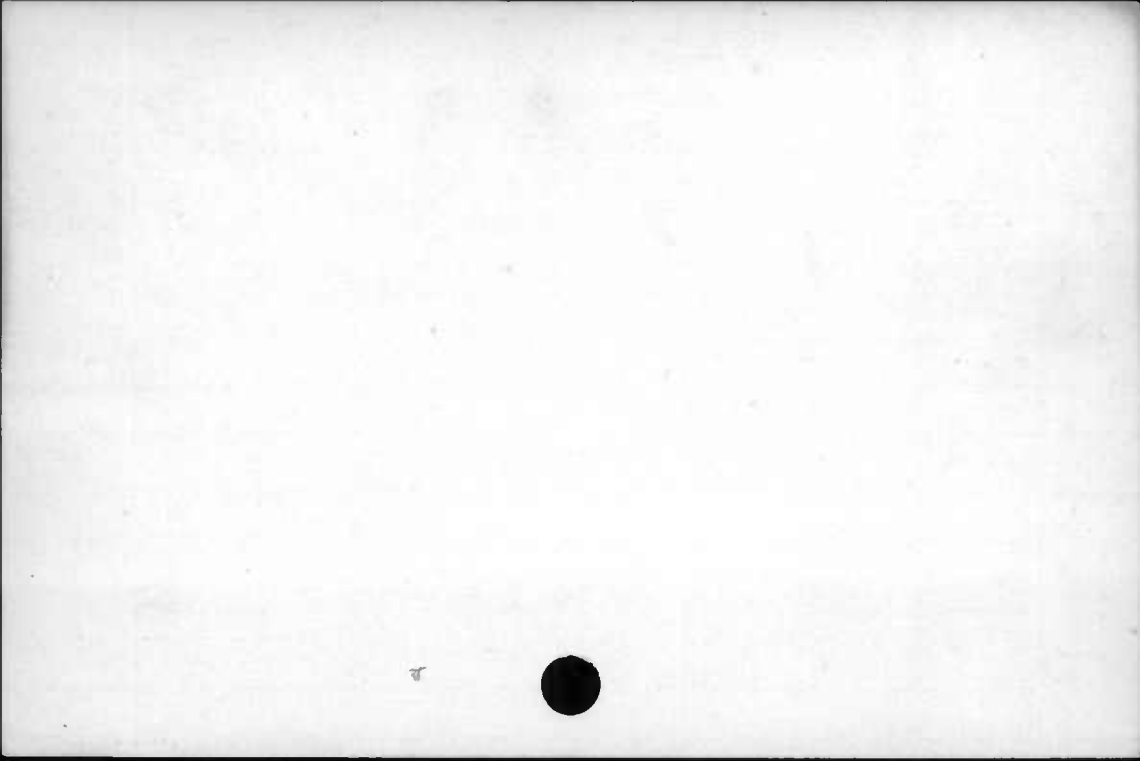
Address

had none

Wm. Fox Sub. Ag.

Aureys Ind.

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

Effie May Parker

Town

Linkwood

County

Dorchester

MARYLAND

Date

of death 1906

Month

Septem

Day

23rd

Age

Years

Months

5

Days

18

Sex

female

Color or  
Race

Black

Birth-  
place

near Linkwood

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Geo W Parker

Father's  
Birthplace

Virginia

Mother's  
Maiden Name

Burtham Parker

Mother's  
Birthplace

near Linkwood

Name of person giving  
Information

Geo W Parker

How related  
to deceased

father

## CAUSES OF DEATH

Primary

Typhoid Fever

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

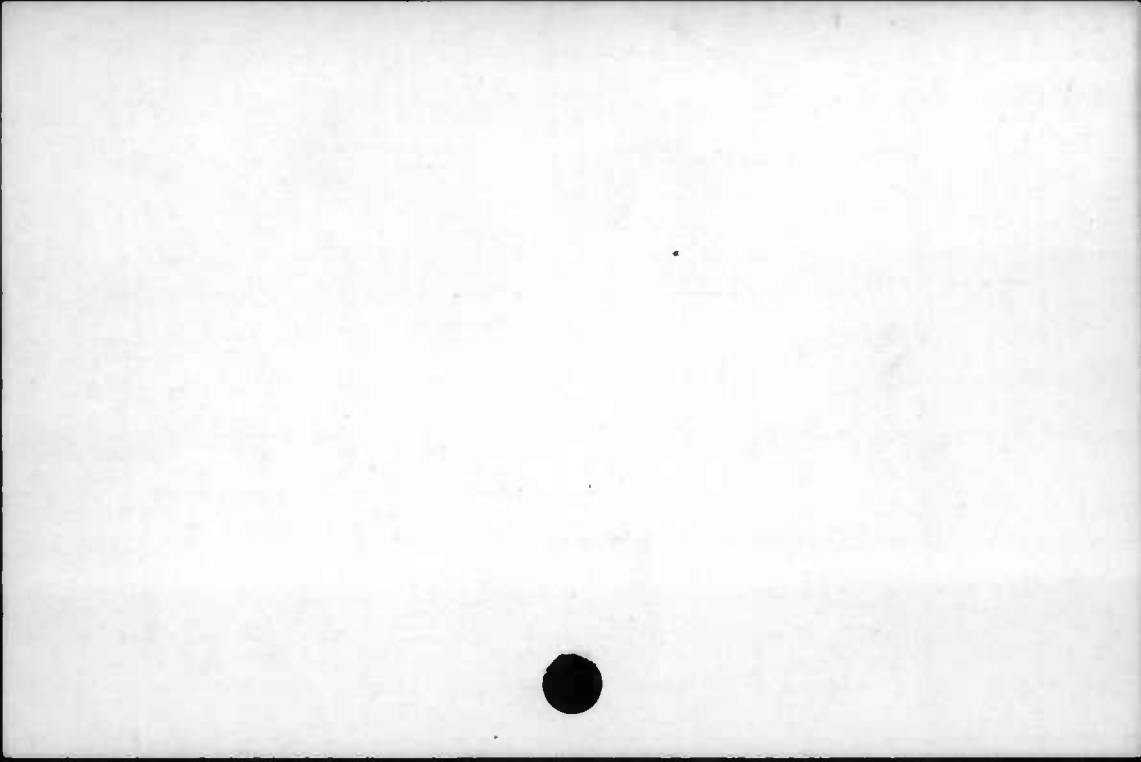
Address

No physician

Accident or Suicide?

Mr L. Adell Jr

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

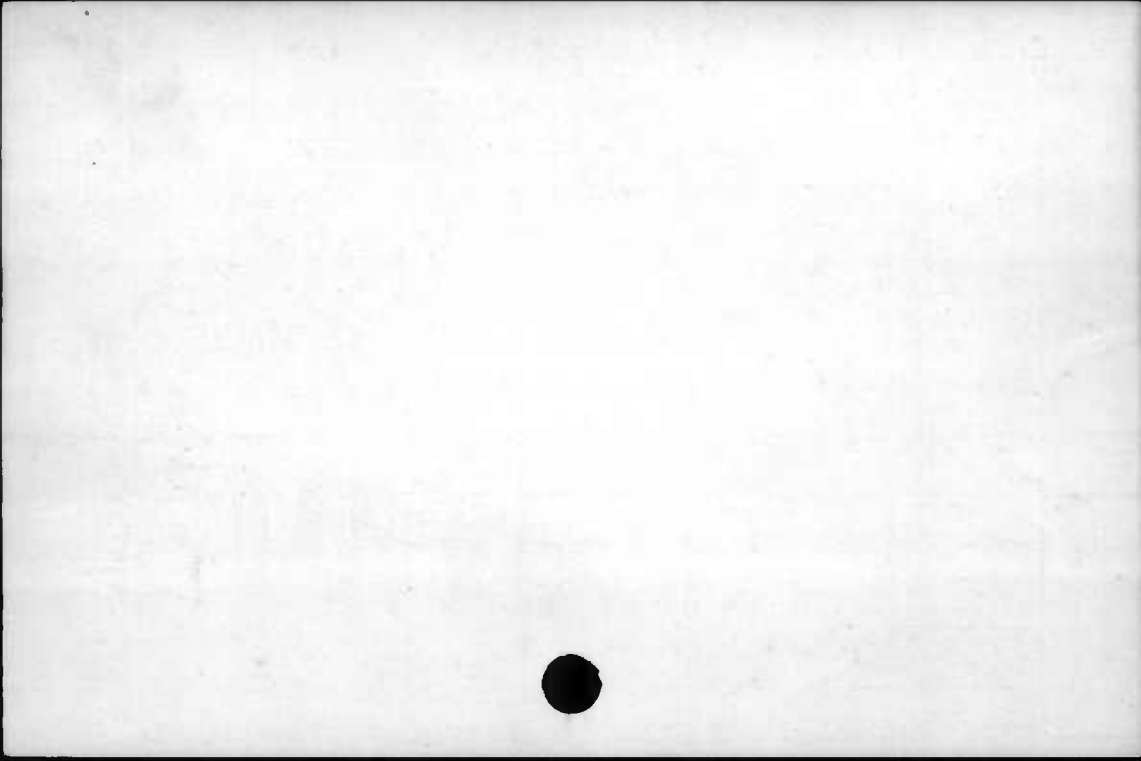
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Seely</i>		Town <i>Seely</i>		County <i>Don</i>		MARYLAND	
Date of death <i>1906</i>		Month <i>9</i>	Day <i>23</i>	Age <i>4</i>	Years <i>4</i>	Months <i>3</i>	Days <i>18</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Thos M Prouse</i>		Father's Birthplace					
Mother's Maiden Name <i>Carrie Flourley</i>		Mother's Birthplace					
Name of person giving information <i>Carrie Prouse</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Kicked by horse head</i>	How long <i>14 wks</i>
Immediate <i>meningitis</i>	How long <i>two weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>ylo</i>	Signature of Physician <i>Edward F. Jones</i>
	Address <i>E. N. Market St.</i>
Accident or Suicide?	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Birth <i>M Parker</i>		Town <i>Newbury</i>		County <i>Dorchester</i>		MARYLAND	
Died at		Date of death <i>1906</i>		Age <i>21</i>		Months <i>9</i> Days <i>17</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Dorchester</i>			
Occupation <i>House Wife</i>		Where Residing if not at place of death					
Married, <i>Yes</i>		Name of Wife or Husband <i>George W Parker</i>					
Father's Name <i>Steven J Stanley</i>		Father's Birthplace <i>Dorchester</i>					
Mother's Maiden Name <i>Angie D Hollis</i>		Mother's Birthplace					
Name of person giving information <i>George W Parker</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

Primary

*Typhoid Fever*

How long

*19 days*

Immediate

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

Address

*H. L. Baynes*  
*2 Newman St*

Accident or Suicide?





Name

in  
Full

Minnie Ann Richardson

CERTIFICATE OF DEATH

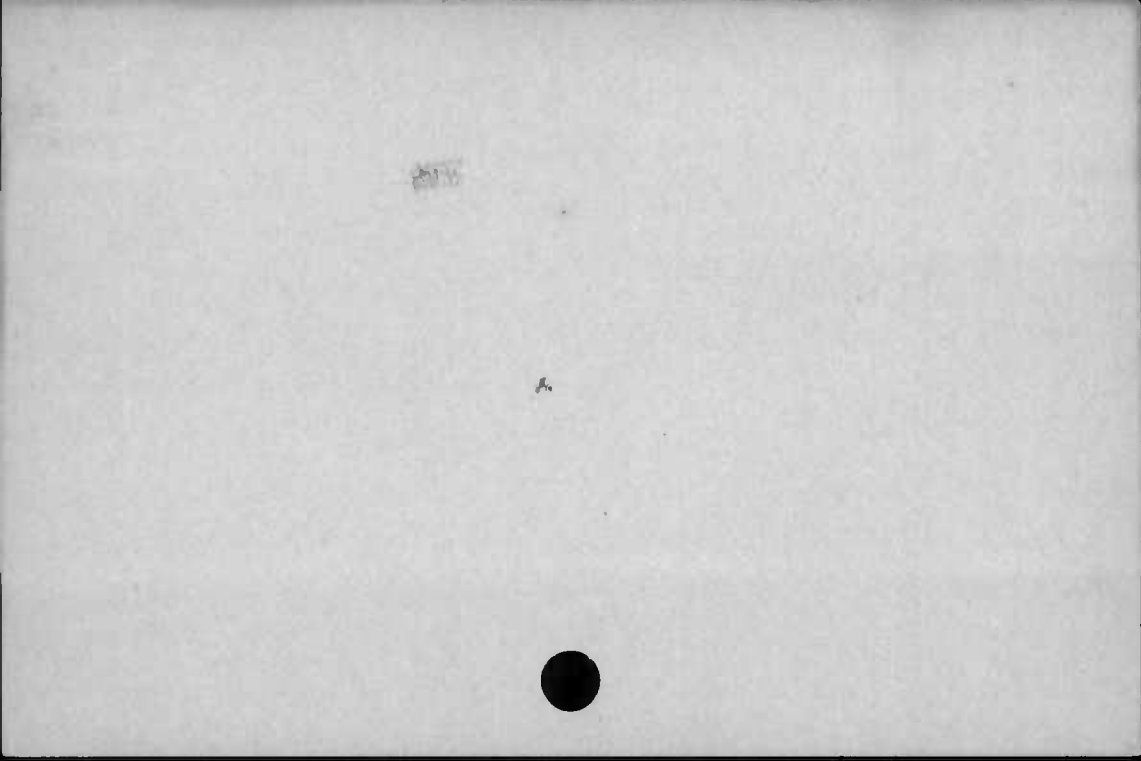
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Wrights</i> <small>Town</small>		<i>Dochester</i> <small>County</small>		MARYLAND	
Date of death <i>1906</i>	<i>Sept</i> <small>Month</small>	<i>30</i> <small>Day</small>	Age <i>72</i> <small>Years</small>	Months	Days
Sex <i>Female</i>	Color or Race <i>Negro</i>		Birth-place <i>Fells Point Md</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>	Name of <del>Wife</del> <i>Wife</i> <i>Jos Richardson</i>				
Father's Name <i>Jasper Bryan</i>	Mother's Maiden Name <i>—</i>		Father's Birthplace <i>War. Co Md</i>		
Name of person giving information <i>Jos Richardson</i>			How related to deceased <i>Husband</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Heart disease</i>	How long <i>79</i>
Immediate	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S A Stokes</i>
	Address <i>246<sup>th</sup> Cambridge Md</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

Herman Pinkah

Town

Cambridge

County

Dorchester

MARYLAND

Died at

Date

1906

Month

Sept

Day

Age

Years

38

Months

Days

Sex

male

Color or  
Race

Black

Birth-  
place

Maryland

Occupation

Family Servant

Where Residing if not  
at place of death

Phila. Pa.

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

—

Father's  
Name

George Pinkah

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

J. Hamish

Mother's  
Birthplace

Maryland

Name of person giving  
Information

J. L. Noble

How related  
to deceased

Niece

## CAUSES OF DEATH

Primary

Pyonephrosis &amp; Abscess of Bladder

How long

Some months.

Immediate

Anaemia

How long

one day.

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

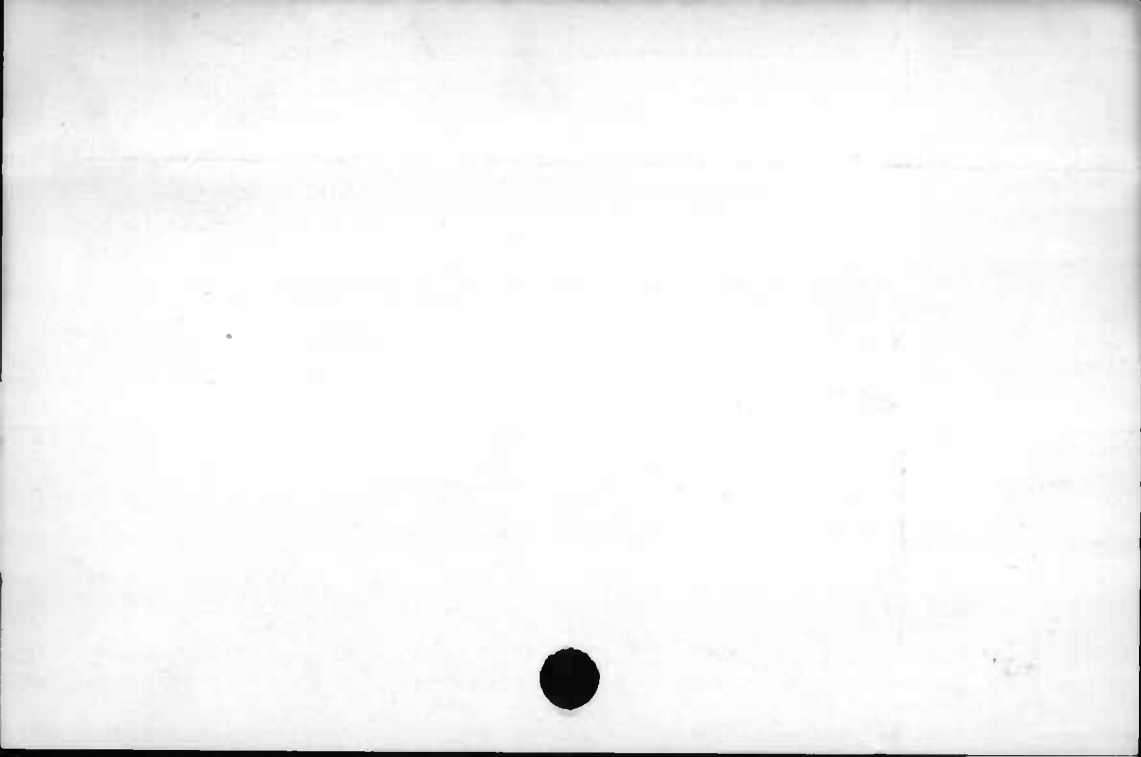
Dr. G. L. S. S. S.

Address

Cambridge, Pa.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
In  
Full

Nannie E Ross

9

## CERTIFICATE OF DEATH

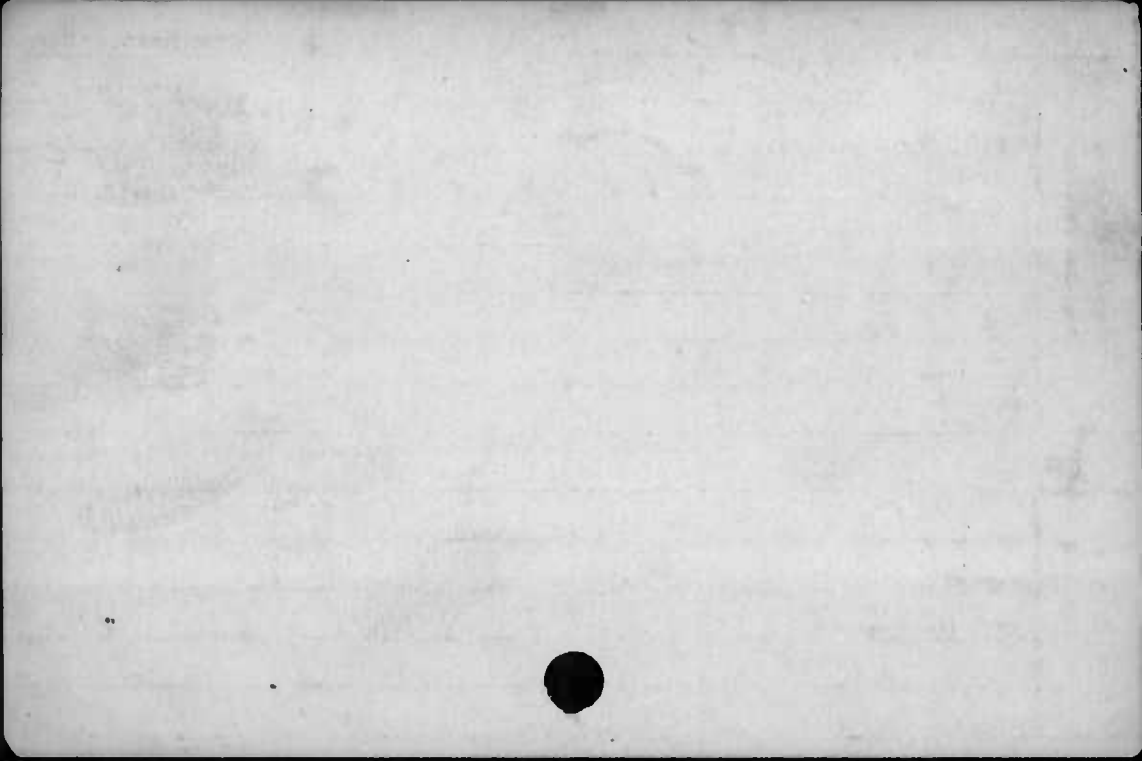
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cambridge</u> Town		<u>Worcester</u> County		MARYLAND	
Date of death <u>1904</u>	Month <u>Sept</u>	Day <u>19th</u>	Age <u>18</u>	Years <u>18</u>	Months <u>9</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Ind</u>		
Occupation <u>School girl</u>			Where Residing if not at place of death <u>Cambridge</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Dead</u>			Father's Birthplace <u>—</u>		
Mother's Maiden Name <u>Mrs. Harding</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Mrs. Hardy</u>			How related to deceased <u>Mother</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Typhoid fever</u>	How long <u>7 weeks</u>
Immediate <u>Amnesia</u>	How long <u>about week</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>John Mace</u>
	Address <u>Cambridge</u>
Accident or Suicide? <u>—</u>	



Name  
in  
Full

Wilbur Ross

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Church Creek</i>		County <i>Dorchester Co-</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Sept.</i>	Day <i>11<sup>th</sup></i>	Age <i>—</i>	Months <i>1</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Cal.</i>		Birth place <i>Dor. Co. Md.</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Infants</i>		Name of Wife or Husband <i>Infants</i>			
Father's Name <i>Illegitimate</i>			Father's Birthplace <i>Don't know</i>		
Mother's Maiden Name <i>Jessie J. Ross</i>			Mother's Birthplace <i>Dor. Co. Md.</i>		
Name of person giving information <i>—</i>			How related to deceased <i>—</i>		

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <i>Enteric Colitis</i>	How long <i>a few days</i>
Immediate <i>infection</i>	How long <i>" " "</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. L. Levinson</i>
	Address <i>Church Creek, Md.</i>
Accident or Suicide? <i>9</i>	





Name  
in  
Full

## CERTIFICATE OF DEATH

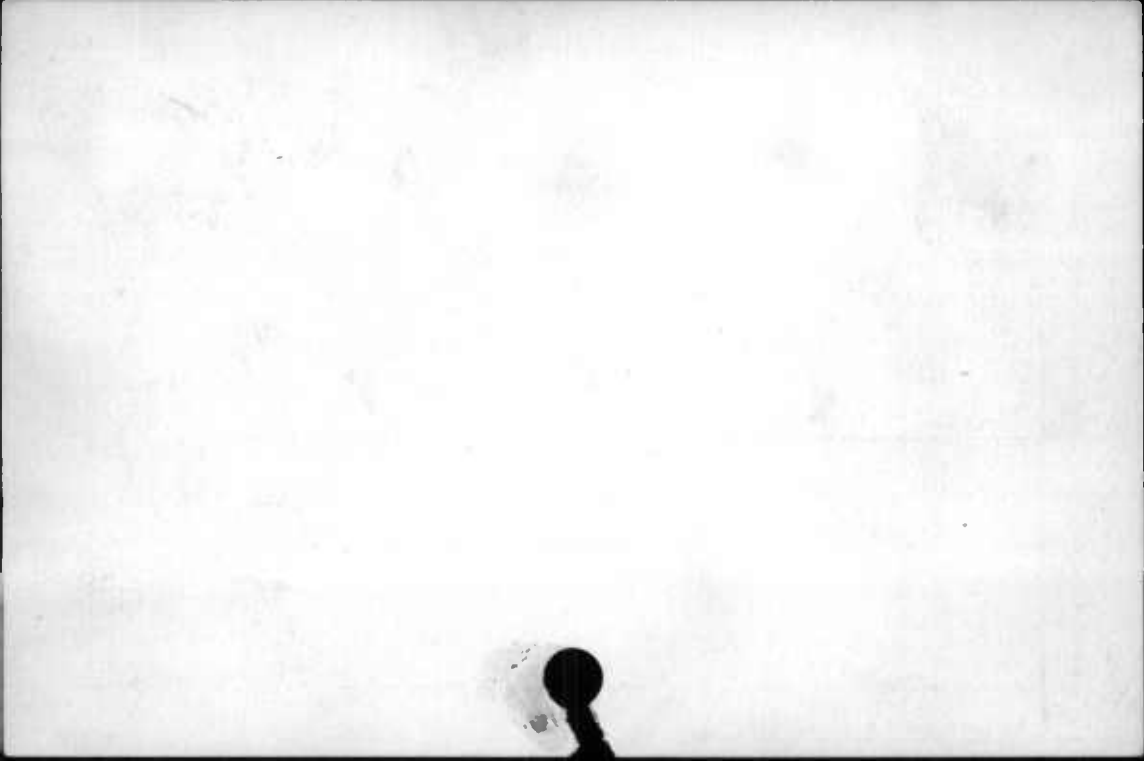
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Fannie C. Sherman</i>		Town <i>Cambridge</i>		County <i>Dorchester</i>		State <i>MARYLAND</i>	
Died at <i>Cambridge</i>		Month <i>Sep.</i>		Day <i>23</i>		Years <i>34</i>	
Date of death <i>1906</i>		Months <i>5</i>		Days <i>2</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Cambridge Md</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Holmes Sherman</i>					
Father's Name <i>Martin J. Perkins</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Susan K. Marshall</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Mrs. H. Davidson Jr</i>		How related to deceased <i>Brother in law</i>					

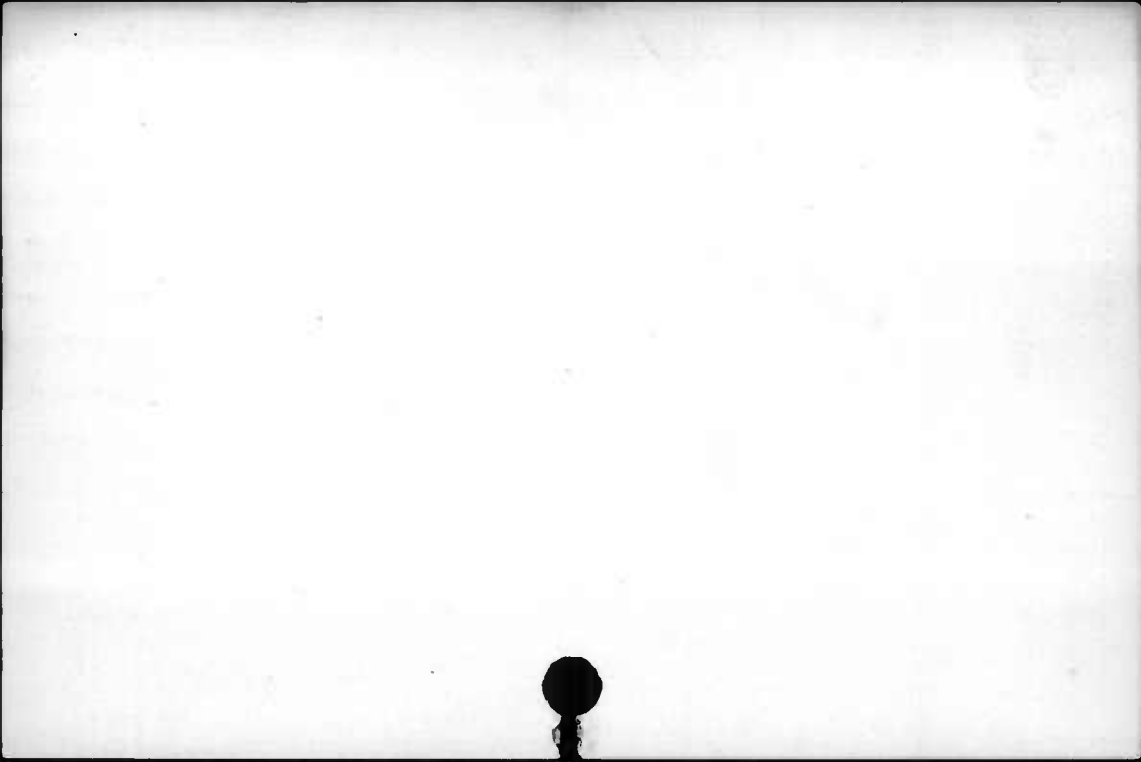
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

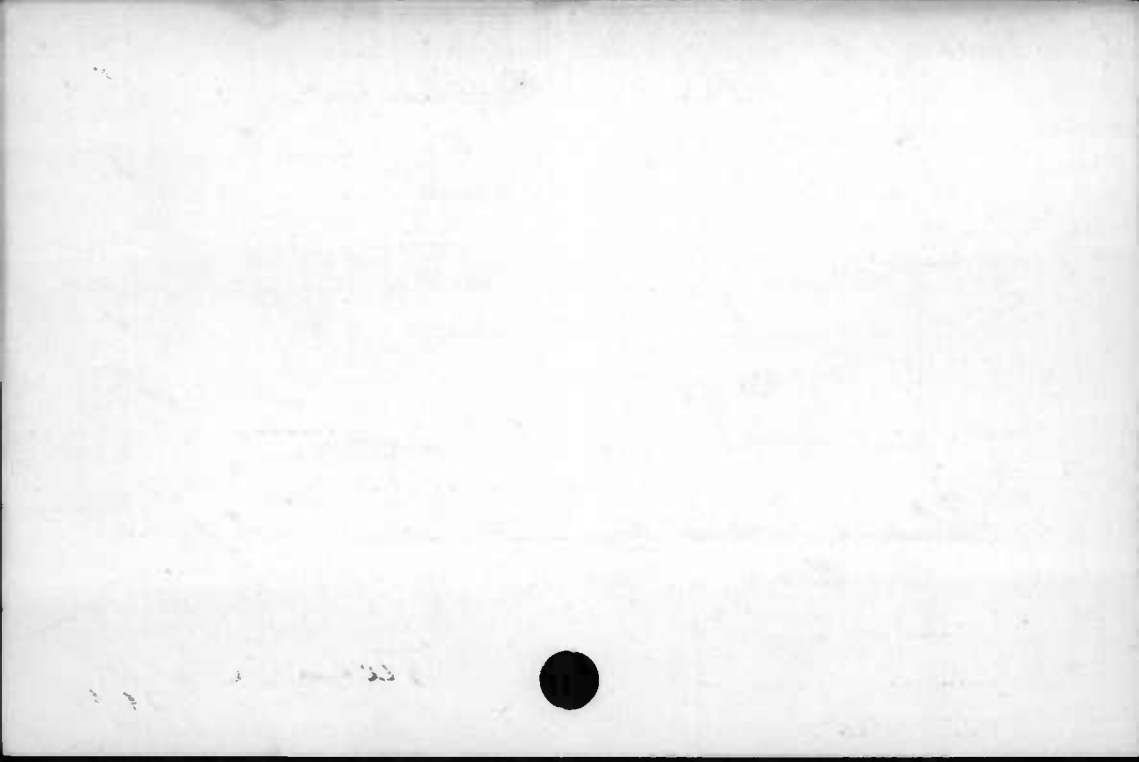
Primary <i>Tuberculosis Pulmonary &amp; Intestinal</i>	How long <i>4 years</i>
Immediate <i>Gradual exhaustion</i>	How long <i>2</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. Steele</i>
	Address <i>Cambridge Md.</i>
Accident or Suicide? <i>No</i>	



Name in Full		No Name Shows				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Secretary		County		MARYLAND
	Date of death		1906	Month 9	Day 18	Age	Years Months Days 1
	Sex Female		Color or Race White		Birth-place Secretary		
	Occupation House		Where Residing if not at place of death				
	Married, Single or Widowed Single		Name of Wife or Husband				
	Father's Name Frank Shows		Father's Birthplace South Mon				
	Mother's Maiden Name Maggie Wright		Mother's Birthplace Secretary				
Name of person giving information		How related to deceased					
<div style="border: 1px solid black; padding: 5px; display: inline-block;">CAUSES OF DEATH</div> Strangulation							
PHYSICIAN OR CORONER	Primary		by Umbilical Cord			How long	
	Immediate		Yes			How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes			Signature of Physician A. S. Sayers	
	Accident or Suicide?					Address E Newmarket Md	



Name in Full		Mary Ann Smith				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		
				Vienna		Dor.		
		Date of death		1906	Month	Sept	Day	19
		Age		Years		Months		
						Days		
						2		
		Sex		Female		Color or Race		Black
Occupation				Where Residing if not at place of death				
Married, Single or Widowed				Name of Wife or Husband				
Father's Name		not known				Father's Birthplace		
Mother's Maiden Name		Ann Smith				Mother's Birthplace		
Name of person giving information						How related to deceased		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		Not viable		How long		
				no physician		7 mo.		
		Immediate				How long		
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		6 B. Brown, M.D.		
				Address		Vienna, Md		
Accident or Suicide?								



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Annie H. Spilman</i>		Town <i>Taylor's Island</i>		County <i>Dorchester</i>		MARYLAND			
Died at		Date of death		Age		Months		Days	
<i>1906</i>		<i>Sept. 8</i>		<i>68</i>		<i>5</i>		<i>17</i>	
Sex <i>Female</i>		Color or Race <i>Caucasian</i>		Birth-place <i>Md</i>					
Occupation		Where Residing if not at place of death							
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Robert L. Spilman</i>							
Father's Name <i>Jeremiah Pattison</i>		Father's Birthplace <i>Md</i>							
Mother's Maiden Name <i>Nancy Hooper</i>		Mother's Birthplace <i>Md</i>							
Name of person giving information <i>H. P. Spilman</i>		How related to deceased <i>Son</i>							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chronic Interstitial Nephritis</i>	How long <i>2 yrs</i>
Immediate <i>Cardiac Failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Jos. K. Shrivley</i>
	Address <i>Taylor's Island</i>
Accident or Suicide? <i>No</i>	





Name  
in  
Full

Mariah Stanley 4

## CERTIFICATE OF DEATH

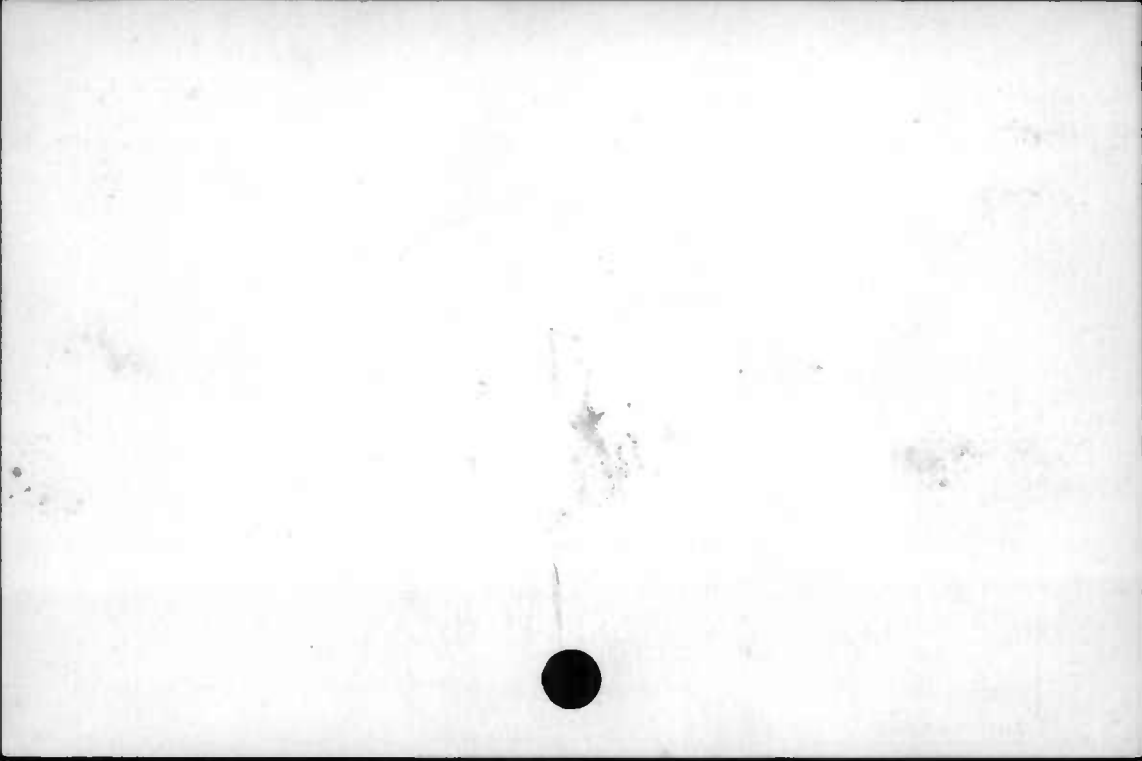
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Cambridge		County Dorchester		MARYLAND	
Date of death		Month 1906	Day sept.	Age	Years 51	Months 10	Days 6
Sex Female		Color or Race negro		Birthplace Cambridge			
Occupation Cook		Where Residing if not at place of death — — — — —					
Married, Single or Widowed Married		Name of Wife or Husband Harrison Stanley					
Father's Name Littleton Hack		Father's Birthplace Virginia					
Mother's Maiden Name Harriet Hack		Mother's Birthplace Virginia					
Name of person giving information Harriet Hack		How related to deceased Mother					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Carcinoma of Oment	How long	Some months
Immediate	E. Lauska	How long	Some weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		B. M. G. Lauska	
		Address	
		Cambridge, Md	
Accident or Suicide?			



Name  
in  
Full

Annice Helen Shawley

## CERTIFICATE OF DEATH

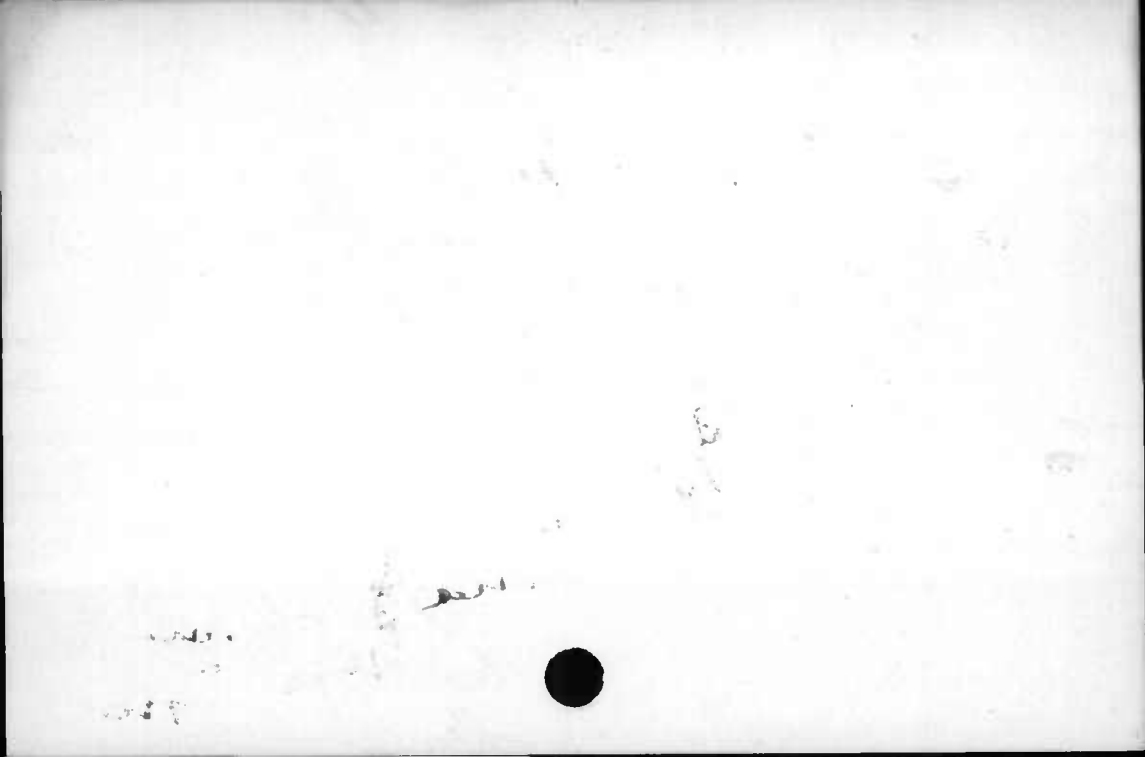
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Vienna		County		Dorchester		MARYLAND					
Date of death		190	Month	Sept	Day	—	Age	Years	—	Months	11	Days	20
Sex		Female		Color or Race		white		Birth-place		U S			
Occupation		Child		Where Residing if not at place of death		Philadelphia Pa							
Married, Single or Widowed		Single		Name of Wife or Husband		—							
Father's Name		Samuel H Shawley							Father's Birthplace		U S		
Mother's Maiden Name		Kate M McAllister							Mother's Birthplace		U S		
Name of person giving information		Sam. H Shawley							How related to deceased		Sister		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cholera infantum	How long	5 days
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		6 Brodmark Vienna Md	
Accident or Suicide?			



Name  
in  
Full

12

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Cambridge<sup>County</sup> DorchesterDate  
of death 1906

Month 9

Day 25

Age

Years 65

Months

Days

Sex

Male

Color or  
Race

Colored

Birth-  
place

Dorchester

Occupation

Farm Hand

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Marrie Thomas

Father's  
Birthplace

Dorchester

Mother's  
Maiden Name

Marriah Nichols

Mother's  
BirthplaceName of person giving  
In formation

Jacob Sampson

How related  
to deceased

disten

## CAUSES OF DEATH

Primary

Gangrene of foot

How long

1 month

Immediate

Septicemia General

How long

4 days

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

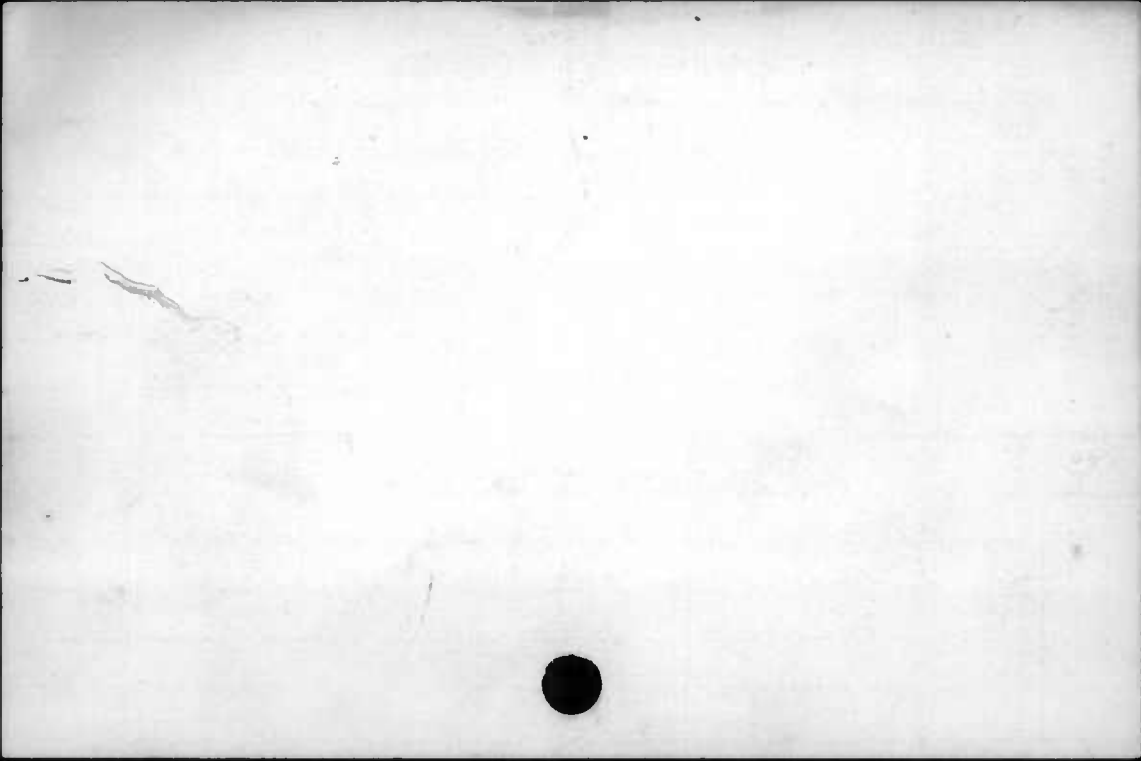
B. M. Goldsborough, M.D.

Address

Per M. W. S. M. A.  
Cambridge

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Linn Thomas

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *near Church Creek S* <sup>Town</sup>*Worcester* <sup>County</sup>

MARYLAND

Date  
of death *1906*Month  
*Sept.*Day  
*26*

Age

Years  
*70*

Months

Days

Sex *male*Color or  
Race*Black*Birth  
place*Worcester Co., Md.*

Occupation

*Farm Laborer*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Married*Name of Wife or  
Husband*Harrieh Nicholas*Father's  
Name*- Don't know (Henry Thomas)*Father's  
Birthplace*(Don't know)*Mother's  
Maiden Name*- Don't know (Belia Harris)*Mother's  
Birthplace*(Don't know)*Name of person giving  
information*Howard Richardson*How related  
to deceased*not at all*

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary

*Intermittent Malignant*

How long

*about 2 years*

Immediate

*Intermittent Malignant*

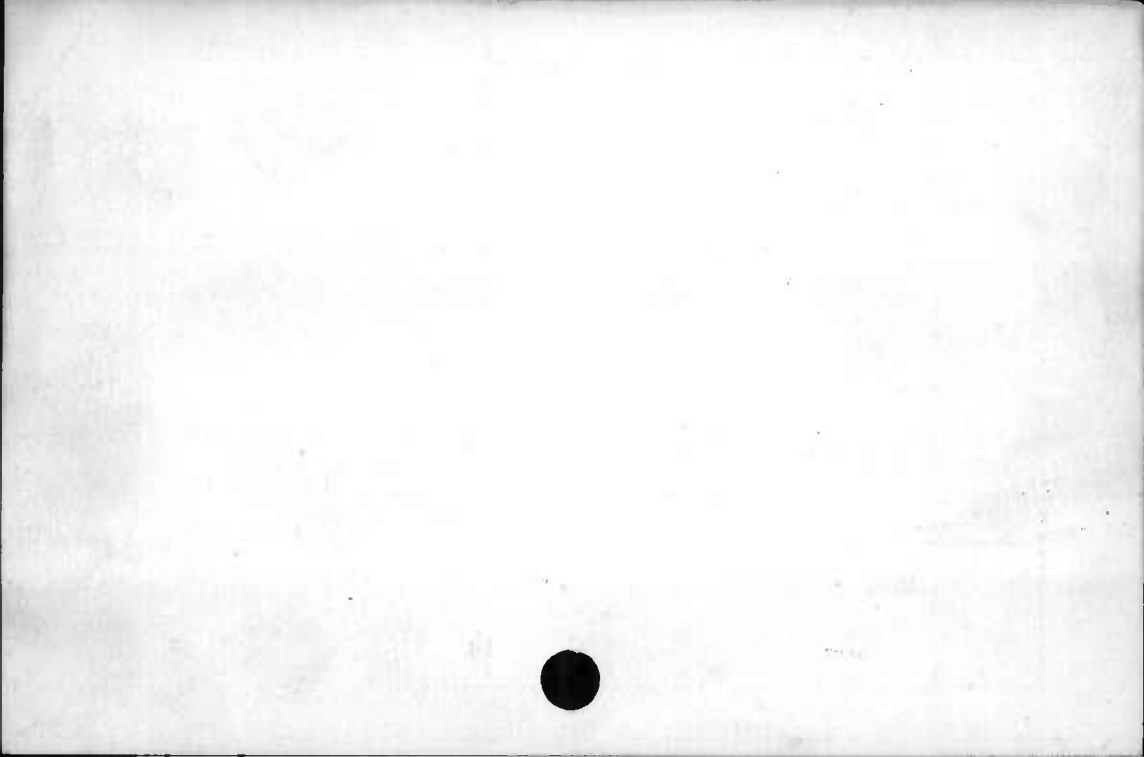
How long

*about 2 years*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*Victor B. Carroll*

Address

*Cambridge, Md.*

Accident or Suicide?





# CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

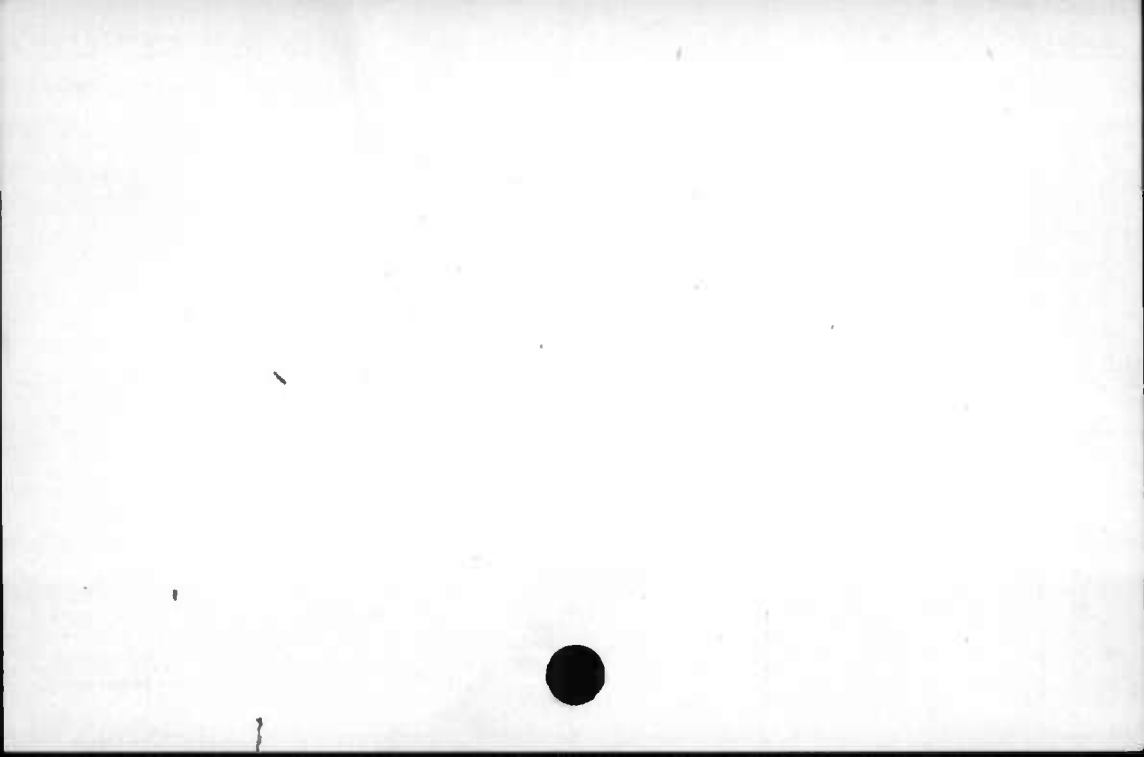
Died at		Town <i>Cambridge</i>		County <i>Dorchester</i>		MARYLAND	
Date of death		190 <i>6</i>	Month <i>Sep</i>	Day <i>21</i>	Years <i>25</i>	Months <i>11</i>	Days <i>14</i>
Sex		<i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>	
Occupation		<i>Salesman</i>		Where Residing if not at place of death <i>Cambridge Md</i>			
Married, Single or Widowed		<i>Married</i>		Name of Wife or Husband <i>Annie L. Thomas</i>			
Father's Name		<i>Charles P. Thomas</i>				Father's Birthplace <i>Maryland</i>	
Mother's Maiden Name		<i>Alexine Thomas</i>				Mother's Birthplace <i>"</i>	
Name of person giving information		<i>Annie L. Thomas</i>				How related to deceased <i>Wife</i>	

### CAUSES OF DEATH

Primary	<i>Organic Heart Disease</i>	(79)	How long	<i>6 months</i>
Immediate	<i>Enlargement of Liver &amp; Spleen</i>		How long	<i>2 months</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician	
			<i>D. H. Golanborovitch</i>	
			Address	
			<i>Cambridge Mass</i>	
Accident or Suicide?		<i>Willis Brown</i>		



Name In Full		CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Hurlock</u>			County <u>Worcester</u>			MARYLAND	
	Date of death	1906	Sept	17	Age	49	Months	Days
	Sex	Male		Color or Race	White		Birth-place	Maryland
	Occupation	Farmer			Where Residing if not at place of death		Hurlock	
	Married, Single or Widowed	Married		Name of Wife or Husband		Martha Ann Stevens		
	Father's Name	John W Todd					Father's Birthplace	Maryland
	Mother's Maiden Name	Elizabeth Miller					Mother's Birthplace	Maryland
Name of person giving information	Ralph Todd					How related to deceased	Son	
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Typhoid fever					How long	16 days
	Immediate	Intestinal Hemorrhage					How long	6 days
	Are the name, age, sex, color, date and place correctly given above?					yes		
	Signature of Physician					C. F. Maguire		
					Address			Hurlock Md
Accident or Suicide?								



Name  
in  
Full

Mary Ellen Williams - 3

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>New Cambridge</i>		Town <i>Dorchester</i>		County		MARYLAND	
Date of death <i>1906</i>	Month <i>9</i>	Day <i>9</i>	Age <i>94</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>Blk</i>		Birth-place <i>Ind.</i>				
Occupation <i>Wid</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>John Williams</i>					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>Alice Kiah</i>				How related to deceased <i>Daughter</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Senility -</i>	How long <i>154</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. E. Wolff</i>
<i>Card signed but please not see patient for a year</i>	Address <i>Cambridge, Ind</i>
Accident or Suicide?	



Name

In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Vicenna</i> Town <i>Dorchester</i> County		MARYLAND	
Date of death <i>1904</i>	Month <i>9</i>	Day <i>11</i>	Age <i>60</i> Years Months Days
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Dorchester</i>	
Occupation <i>House Keeper</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband		
Father's Name	Father's Birthplace		
Mother's Maiden Name <i>Mary Lee</i>	Mother's Birthplace		
Name of person giving information <i>Chas E Camper</i>	How related to deceased <i>Son Law</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Paralysis</i>	How long <i>1 night</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. Bayers</i>
	Address <i>9 Hubbard St. Md.</i>
Accident or Suicide?	

